

STATE OF NEW JERSEY
Department of the Treasury—Division of Pensions and Benefits
PO Box 295 Trenton, New Jersey 08625-0295

AFFIDAVIT — CHANGE OF NAME

Retirement System: ☐ Public Employees' Retirement System ☐ Teachers' Pension and Annuity Fund
☐ State Police Retirement System ☐ Police and Firemen's Retirement System ☐ Other

1. Previous Name _____

2. Membership Number _____ 3. Social Security Number _____

4. Change the records of the Division of Pensions and Benefits

to reflect my name as _____

5. Reason for Name Change _____

6. My signature as previously written was _____

7. My signature as it will be in the future is _____

8. My present address is _____

(Street)

(City, State, Zip Code)

(Your Signature)

State of _____

County of _____

Sworn and subscribed
before me this _____ day of _____, _____

Signature of Notary or
Commissioner of Deeds _____

My Commission expires _____ / _____ / _____

Official Title _____